

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	VT	691007	6/20/00
<b>O.I.P.E. CLASSIFIER</b>	RSD		6/25/00
<b>FORMALITY REVIEW</b>	SMY	827	08-04-00
<b>RESPONSE FORMALITY REVIEW</b>			

Best Available Copy

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appel  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
1	11 5 7
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3	02 03 04
4	1 ✓ ✓ ✓
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If more than 150 claims or 10 actions  
staple additional sheet here

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